

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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June 20, 2005

TO: Rick Dittman, Board Chair
Priscilla Halcro, HBCS Director
Jan Cahill, CEO

FROM: Lori Wertz, QIS

SUBJECT: Home Based Services Review--FY05

RECEIVED

JUN 28 2005

DPHHS - DSD

The following should serve as annual summary of your HBS programs for FY 05. It is based on the onsite file review (June 15 and 16, 2005) as well as home visits throughout this past year, reports and information submitted by your agency, including but not limited to our ongoing relationship and excellent communications system between HBS and our Regional office. The report covers your CARF accreditation reports, financial audits and other similar information as referenced in the following pages.

The Home-based staff clearly provide an ongoing example of how services are intended to be provided. The staff without exception are dedicated to the families they serve, are ingrained in their communities in such a manner that fosters meaningful relationships with not just agencies, but *individual people* who in turn bring to bear their agency resources, skills and expertise to meet family needs. This same principle seems to apply to how the HCBS staff relate to each other—they draw on each other's strengths and knowledge to provide the best possible outcomes for the families they serve. In short, the program's policies, employees, supervisors and administration seems to have but one goal: providing meaningful, cost effective, family driven supports for the children in services.

As always, if you have any questions, comments or concerns, please do not hesitate to call me. In the meantime, I look forward to the privilege of working with Home Based Services this coming year.

cc: file
DDP/Central Office

NATIONAL ACCREDITATION REPORTS:

QLC received a three-year accreditation by CARF in August 2004. There were no specific or significant findings or recommendations for HBS. There were multiple praises of the program, including some exemplary comments:

"Recruitment efforts in the host family services area are highly unique and exemplary. Often respite providers have eagerly become host family service providers. In one instance, a family adopted a child for whom they were a host family provider."

"The two-year development of the staff certification portfolio is phenomenal and worthy of an exemplary commendations. This included the opportunities for continuing education afforded by QLC staff both within and outside the organization's walls. The designation of an individual responsible for training has encapsulated training efforts that include several "how to" manuals for the day-to-day tasks that show new employees ways to improve their services and accomplishments and also serve as a reminder for seasoned staff."

"Although a waiting list exists for many children in need of Part C funding for services, the organization is commended for continuing to provide case management services including development of the individual family service plan (IFSP), provision of some intensive as well as limited hours of service, funding for respite and follow-up above and beyond referrals, and matching of services with other service providers."

It is noted that all of the exemplary commendations noted by CARF for QLC were attributed to the HCBS program.

CONSUMER SATISFACTION SURVEYS:

Consumer evaluations are just coming in for FY05, with the data here presented from 2004. The return rate for this data was at 57%. Overwhelmingly, families identified that they felt included in the IFSP process, that they believed they could talk to the Family Support Specialist, that they were satisfied with services, and that staff expectations for the family and child were 'just right'. Families cited that Family Support Specialists were friendly, knowledgeable, helpful and a source of great support. Where there were points of dissatisfaction, issues appear to have been resolved. Many families noted that if they were to change programs (eg: Part C to FES), they would prefer to keep their current FSS. It is apparent that the bond between families and their support specialists is indeed a strong one.

The agency has also offered Host Family Surveys in order to ascertain the quality of services for that specialized group of people. Again, survey results indicate ongoing satisfaction with services and supports provided.

The agency also provided surveys to families who has discontinued services. Of 99 surveys mailed, only nine were returned (9%). Again, surveys stated that the Family Support Specialists were accommodating, polite, knowledgeable and helpful. One family indicated they had no use for the family support visits and used the program only as a financial resource to pay for the adaptive equipment needs of their child.

It is expected that the 2005 results will be similar in scope and input. It is also noted that the results of the consumer surveys over the last several years have been consistently laudable.

FSSAC PARENT REPRESENTATIVE INPUT:

Once again Region II is without a current FSSAC representative. Attempts are being made to recruit but over the last several years, the position has changed or been vacant, allowing for no real contact with this office.

HOME VISITS/FAMILY CONTACTS:

Home visits have occurred consistently over the past year. All service areas were represented (Part C, FES and IFES) with no significant issues to report. Personal visits with families have mirrored consumer survey information. Families are generally very happy with the services provided and grateful for the services offered. As has been consistently reported over the last evals, the number one concern for families remains the availability of respite or hab aide providers. HCBS has a list of providers available to families, however, having someone available and meeting the family's expectations are sometimes mutually exclusive considerations. The respite provider (or habilitation aide) may be adequate but the family may prefer someone else and make choices in that regard. It is well noted that even when families find their own provider (Aunt Jane or the next door neighbor), sometimes those folks are slow to make application to QLC in order to become a paid support. In all instances, it appears that HCBS has reasonable resources from which the family can make choices. It is also noted that HCBS staff are continuing to develop options that address these concerns. Currently there is a plan to have one staff coordinate family training (CPR, 1st Aid, hiring and evaluation, etc...) who can also supervise/maintain hab aides as well. The hope is to be able to attract and retain hab aides with a 40 hour per week positions.

INTERNAL MONITORING SYSTEMS:

Home Based Services continues to use a periodic service review system (PSR) that continues to be updated and tuned over time. Specific department goals such as family training (CPR, First Aid, etc.), community projects (Play Groups, Child Find efforts, etc...) and administrative activities (file reviews, home visits, streamlining paperwork, to name a few) are noted, with progress reported against those goals as well as family related outcomes. Because the tool is dynamic, it allows for quick identification of trends which can then be followed up in future reports. Because the tool is based in measurable family and service driven outcomes, it can be used as an accurate measure of quality of services. HBS services staff report 'debriefing' amongst themselves to determine what aspects of their performance (for example in the play groups or peer groups) might be better— *even when families are satisfied with the outcomes*. This is a group of people not content to rely on past performance or public opinion as their measure of success. They are to be commended for their confidence, their energy and their constant striving for better services, better ideas and better options in serving their families.

DOCUMENTATION OF PRAISE OR COMPLAINTS:

The praises of this program are numerous and cited in the CARF report, in the parent/consumer surveys and in the home visits. Complaints or concerns are rare and in my experience have been handled expeditiously. One particular family seems to have some level of complaint each year (CF). The complaints range from issues with respite (not enough money, inequity in that other people are getting more or better) or lack of services. The most current complaint involves another provider dropping a hab aide because there is no further progress. Despite the fact that this family is often unhappy, across service providers, the staff in HCBS, no matter how frustrated they might feel, continue to provide services with the same degree of both personal and professional

support they would for other families. In fact, when this family effectively complained that QLC had not provided a hab aid for more than 10 months, staff response was 'maybe we could have done a better job' and to look into immediately. In the final analysis, several issues were apparent. One, the family has a similarly funded staff from another agency involved (a second would have been 'double dipping' under Medicaid) and two, that the family-elected person to fill the position had been slow to fill out the requisite paperwork to be able to do the job. HCBS staff do a good job of balancing family need against independence and budgetary restrictions. To not be swayed by personal feelings or become overly defensive is a tribute to this group of staff.

As previously mentioned, complaints are rare to this office in regard to children's services. Occasionally, a family and a family support specialist may not 'click.' The agency does not hesitate to move an FSS at family request or in order to better meet the needs of the family. As previously noted, most families prefer to keep their FSS when switching between programs and the agency appears to accommodate this whenever feasible.

As in past years, families cite a lack of intensive funding (would like more money available and less time to have to wait for intensive services). While they understood the limited number of screening slots to QLC, they indicated a need for the State to pursue more funding dollars at both the IFES and Part C levels of service.

LICENSING INFORMATION

QLC is licensed as a child placing agency and that license is current. By all accounts, HCBS enjoys an open and mutually respectful relationship with Child and Family Services Division of DPHHS. It is increasingly difficult to find host families. Although regular advertising is done, most good leads on host families come from people who know a consumer or a family or provide respite and wish to provide more services. HCBS has a system in place to eliminate the likelihood of conflict of interest or of perceived impropriety by ensuring that a staff person who is involved as a host family is not supervised by someone vested in that child. Natural families have direct input, meet and interview host families whenever possible and before a decision is made to move a child. Shared placements are encouraged and natural families are expected to provide respite for their child from a foster placement. HCBS staff perform the home studies for potential host families, with updates annually as required by licensing.

FINANCIAL AUDITS:

The audit for both June 2003 are on file. Audits were completed by Junkermier, Clark, Campanella and Stevens and found "no reportable conditions" in any of the categories reviewed (financial status, internal control, general audit findings, etc...). It is very much appreciated that HCBS has an excellent checks and balances system in place in that the Fiscal Coordinator has a genuine working knowledge of appropriate expenditures (what is entitled, what is not for each program) and is able to redirect expenses that would become audit exceptions or create disparity.

FSS CERTIFICATIONS:

HBCS currently has 22 certified specialists (21 of 22 are fully certified, one is provisional). The HCBS Director was quick to point out her appreciation of DDP Central Office staff in extending one staff's certification deadline so that training hours could be obtained for full certification. The staff had been absent from the agency for a period of time, causing the delay.

CRISIS RESPONSE INFORMATION:

The HCBS staff continue to show timely and reasonable responses to crisis situations. Again this year, when other agencies (CPS) have been unable or unwilling to respond, QLC has stepped in to ensure the health and safety issues of the consumer and the family.

Over the course of this last year, numerous 'crisis' issues have arisen. A short synopsis of the issue and response follow:

☺ BT is a young man with significant behavioral and social issues that put others at risk. His mom was unable to meet his needs after his release from a non DD funded residential program. HCBS staff worked tirelessly to secure a discretionary grant from DD to provide funding for an alternative placement, while at the same time working tirelessly to build inroads and convince another agency of this young man's need and appropriateness for their service. Once the gentleman was placed, HCBS staff continue to be in regular contact with the alternate agency and the parent, offering input and information that will be used for transition purposes back into the natural home, and likely dd funding.

☺ LM was a young lady living in a foster placement through Child and Family Services who found herself looking for a new place to live when the family's needs and life changed. New babies in the home made it difficult to meet LM's needs. The FSS advocated regularly and devoutly—making appointments with adult services providers and ensuring that updated information was provided to screening committees. The end result was a much needed group home placement that very appropriately meets LF's needs both physically and emotionally.

☺ DSC is a young man, relatively new to Montana, with behavioral issues that challenge is his family as well as youth court. HCBS staff have responded with numerous plans to address his needs—surrogate placement, respite home (which they staff themselves, including administrative and supervisory staff), changing the family support specialist, discretionary monies, referral and alternative placement options. While his placement issues have not been fully resolved, the agency is ensuring that plans are in place to transition him from his current respite situation to a foster home in July—complete with a back-up plan in the event the foster placement doesn't work out.

☺ AT is a young lady with autism and behavioral issues who regularly challenges her foster home. The FSS is regularly in touch with DD to ensure that AT's referral is current and that people are aware of any concerns as they arise.

☺ AR is a young lady who is currently utilizing emergency respite with the hope that an alternative placement will develop. Her behavioral issues in her home, in combination with other family needs make her continuing placement there improbable. The FSS has again been a constant source of support for the family, as well as a staunch advocate of this young lady being placed out of the home.

These are but a few of the most public of cases handled by the HCBS staff. In reviewing the files, I was impressed by the number and variety of issues these folks face every day. Terminally ill children (or parents), kids with behavioral issues, family dynamics, depression, threats of suicide, sexual abuse, drug use, siblings, extended family, foster homes, youth court, protective services issues.....are regular, ongoing considerations for these staff and the families they serve. Sometimes, the kids in 'intensive' services, are not the kids who are the hardest to serve or need the most support. That these professionals can balance all of that against budget constraints and their emotional investment in the kids served cannot be an easy feat. Yet, the staff report that their jobs are 'fun'—that they get

the greatest pleasure from the smallest progress. They seem to be able to find positives in some of the most difficult situations, and rely in each other for support in any event. Because the staff are so proactive, crisis is not the rule, it is the exception. Even if resolutions are not always 'picture perfect', staff and families alike report that they are fair and consistent.

FILE REVIEW:

Files were reviewed in accordance with the November 2003 version of Montana Evaluation Process for Family Education and Support Services. A total of 16 files were reviewed to include five files each from FES, Part C and IFES as well as children who exited Part C and those in transition to other services.

There were NO significant issues to report as a result of the file review. A summary follows:

Overview of Part C File Reviews:

There was clear evidence in the files reviewed of Child Find/Public Awareness activities through various agencies in both files and in local agencies (doctor's offices, clinics, etc.). Assessments, evaluations and eligibility information were clearly available in each file reviewed. Annual eligibility determinations are completed not just in Part C but for all services. Plans as a rule and across all services are based in need and on multiple assessment tools. Some of the assessments noted are: Portage Guide, DP11, Infant Toddler Developmental Assessment, Learning Accomplishment Profile, ABAS 2, Functional Behavior Assessment, Individual Behavior Assessment, and Developmental Observational Checklist.

Children are exited when they reach age three, as indicated in policy and rule. It is apparent that transition planning is completed per Part C application, and transition goals at both the Part C and IFES to adult level were documented in the files (AP as an adult).

The Part C files reviewed also clearly showed contact with referred families within the two-day time line, many within the same day. In the event that a delay was inevitable, there was clear documentation of the reasons why (surgeries, out of town, no return phone call, etc...) In point of fact, one staff has 10 hours per week designated to work with families on the waiting list for any issues/referral/needs that may come up. The agency also has in Great Falls, a 30 hour position that does intake and referral. Hours are assigned for this activity in the satellite offices as well. The net effect is two fold: families have specific staff to contact as necessary and referrals consistently meet the state definitions and eligibility requirements. This effectively eliminates delays due to eligibility determination—the staff consistently apply the eligibility criterion prior to the panel ever meeting.

Staff document all contact with families in person or by phone. For children who exited services, it was documented that families were given ample information and connected to other resources as appropriate. In a recent interview with one family (not one of the file reviews), the father expressed disappointment in not receiving services in Washington state, but indicated that he had the contact information and that HCBS staff had assisted the family in accessing key persons prior to their leaving the state.

There was ample documentation that there is an IFSP in place within 45 days of the referral. Interim IFSPs are not used unless there are emergency, extenuating circumstances. Transition plans were clearly begun 90 days prior to need and in most cases much longer (4, 5 or 6 months prior). Families are given much information about time lines (services end at age 3) through the IFSP process as well as informational brochures such as the First Steps booklet. Interagency agreements are well documented with various therapists as has been the case in past years. Files also included agreements for reciprocal respite between families. It is noted that as a courtesy to families, for kids who transfer into services from other agencies or states, the FSS uses that tool (no matter if in a different format) to carry over objectives. This accomplishes several things—not the least of which is reducing the paperwork to a family in a time of stress (moving and resettling) and ensures that familiar supports are available at least initially.

Surrogate parent forms were found in the working files, permanent files and are routinely routed to the DD office for signature. It is clear in the IFSP forms that families have choices about the services provided at several junctures throughout the IFSP process as well as throughout the year (including the newly formatted Waiver 5 document).

The agency is very active in the communities where children are served. Examples of this include: Birth Packets (given out at the hospitals with newborn kits), Play Groups (teaching kids and parents how to play, while covering the 5 developmental domains), Positive Peer Groups (a social group designed to introduce friendships/relationships between kids with and without disabilities in the community), other projects that promote collaboration between agencies, Car Seat Clinics, Child Find activities in day cares, pre-school screenings, participation on the High Risk Team and numerous local committees. Staff are allowed to play to their strengths and likes—one staff is car seat certified, another prefers to work with small children, another with teens. Opening the main office so parents could coordinate the recent Autism Walk, and staff working with kids playing baseball are but a few examples of the ongoing commitment and support families receive.

It was very interesting to note that the PR Logs which are required to be reported to the HCBS Director monthly, have a litany of activities that are helpful, family service-oriented activities that are designed to be genuinely helpful to the community or family—but really have the added benefit of being good ‘public relations.’ It is as if staff are there to do good things for families and communities—and if the agency gets noticed in the process, then that is a bonus.

The pilot programs mentioned in the last eval have continued to evolve in collaboration with Early Head Start. For a time, one of the Havre staff served as the Coordinator for both Part C and Early Head Start. This year, it was noted that Rocky Boy will have a new representative—making the job a little easier under this child find activity. This ongoing project has increased referrals dramatically.

The only trend that developed in the course of the file reviews had to do with natural environments. Natural Environments pages were found in all files but one—but were not always marked “YES” or “NO.” In some cases, staff appeared to be confused over whether the environment would be considered natural or not. It was clearly noted that this is a regular topic of discussion for the staff. For the record, I was set straight by the agency natural environments guru, that natural environment is about the place, not the service—and that there does appear to be some latitude in the determination!

IFES File Review Summary:

Eligibility was clearly documented for kids receiving this service throughout the files and through eligibility panel notes sent to the Regional Office. The Regional Office is routinely included in the eligibility panel reviews. Under the new rule allowing persons in IFES to port services to adult, we have one family aging into adult this year. It is noted that the transition planning for this young lady was apparent well before her graduation from school, and the staff involved did an excellent job of coordinating for the family during this time—particularly since there aren't any real ground rules to follow!

HBS is to be commended for their working relationship with the PDW folks and DDP. We are collectively very careful to not serve kids concurrently in both programs, especially with the kids under age six with multiple medical and other disability-related needs. Additionally, there is a working relationship between the Regional Office and HBS that HBS staff will take the lead case management role for kids served in IFES, hence eliminating the potential for duplication of Case Management services. Likewise, agreements are worked out on a case by case basis for kids served through both Mental Health and IFES in order to ensure no duplication of services there.

IFSPs include information to parents about reasonable other alternatives to IFES services. Additionally, alternatives are usually discussed at the initial home visits by the Field Services Specialist as well. QLC retains a copy of a 'choice' form that families sign indicating they are aware of their choices.

The review of DSC's file clearly shows that when foster placement is needed, natural families are included in and drive the choices and decisions made. Placements are not made without meeting and trying the placement for a few days.

Habilitation plans and accompanying data are clearly documented in the plans reviewed. Objectives in the IFSP were directly tied to the child's needs and to a funding source. As in Part C services, IFSPs clearly outline program requirements and in fact state that plans and appropriateness for services are reviewed on an ongoing basis (not less than annually). Transition plans are clearly documented and in most cases, the DD office is aware (if not participating) in some of that process.

Foster homes are licensed as required by law and documentation in the agency contract file clearly showed approval from the Board or DDP for expenses over \$4000. It is well documented in our DDP files that when these requests are noted in IFSPs, they are routinely approved by the Board and the Regional Office. Likewise, the criterion for appropriate Title XIX expense (no room and board, no utility to a person without a disability and items specific to the person's disability) are regularly applied to purchases in the IFSP. As noted previously, the Fiscal Coordinator is a benefit to the agency in this regard. The agency is to be commended for its vigilance in assuring that expenses are appropriate, and reasonable.

FES File Review Summary:

Again, there were no significant findings under FES. Eligibility is clearly documented and recorded, contact records were clearly maintained. Children are not served in concurrent programs (C, IFES, FES). For kids at age six who eligibility is in question, HBS staff have included the Regional Office in a determination of whether continuing services is

appropriate and we have worked hard to ensure that kids get the most appropriate service they are eligible to receive.

Support coordination is a strength as outlined in the comment from parents. Demographics are included in the IFSP, and it is clear that families get the information they need, in a format they can use. In one file reviewed, the agency had to get create to find a German interpreter. Families are provided information regarding grievance procedures at several junctures throughout the intake and IFSP process and are made available on request at any time. Parents have access to their child's files (and are also told by the QIS at the initial home visit that they are welcome to see their waiver files in the Regional Office as well). All HBS files were noted to be kept in locking file cabinets and adequate safe guards in terms of confidentiality are in place.

Waiting list, ICAP, client status and eligibility panel results are routinely submitted to the Regional Office. There have been some concerns noted that ICAPS are not always adequately or correctly filled out. The HCBS Director now does a review of the ICAP before sending it to the Regional Office. It is clear in practice and in policy that Medicaid/T19 are considered payor of last resort, and when questions arise, there is ample dialogue and brainstorming between agency staff with the Regional Office included as needed to remedy any concerns.

Liability insurance is a standard for the agency for anyone transporting consumers in their personal vehicles. This information is updated annually as it is for adult services. HCBS promotes the use of naturally occurring community transportation options whenever feasible—cabs, buses and even special transports with the hospital for therapy and other appointments. The intention is to foster independence—and not have families unable to function without individual, one on one support.

For kids not eligible for services, files and correspondence show that families are routinely referred for other appropriate services, and contact is made on behalf of those families as appropriate.

OTHER INFORMATION:

The kids services data base is a wonderful tool that tracks all manner of budgets, expenses, child count information and any expenses related to special projects, supplies, or any other related costs. The Fiscal Coordinator has built the program around HCBS identified tracking needs as well as state forms such that information can be imported as needed. What is amazing is that this staff has done this on her own with a few courses and some computer program books to guide her!

Policies and procedures for HCBS were readily available and directly reflect Part C, Federal, State and Contract language as appropriate in terms of entry/exit, eligibility, age limitations, and services provided. These policies are updated regularly as federal and state language changes.

The agency has developed a "Procedural Safeguards" brochure for families. This brochure (attached) covers the basic procedural safeguards as required by state and federal mandate, while relieving families and staff additional paperwork at other points in the intake and IFSP development processes. This is a much more family friendly format!

The agency hosts, collaborates on, and participates in many community events such as the recent Second Annual Father's Conference. Disability-Days, training seminars on Autism, Behavior Management, Discipline, Stress & Coping, Parental Rights and the IEP, Transition, CP, Siblings, Estate Planning are but a few of the topics offered over time. It needs to be repeated that the presence of HCBS staff in child friendly areas of their communities is most impressive.

Therapy happens in Shelby! After many years of trying to meet the needs of families needing OT and Speech (and after many luncheons and bridge building sessions!), therapists go to Shelby to meet with families once a month. In order to make this happen, QLC is providing free space and basic therapy equipment. Any family in services, as well as families who are no longer served, are able to access this service. It must be working, because the session are full.

The HCBS department has the ability to provide respite in one of the adult services group homes that was vacated earlier this year. For one child in crisis (mentioned previously), this made it possible for the child to be served while other options were being researched, thus keeping both he and his family safe. It is recognized that this has been a costly endeavor, and it is appreciated that staff have been so committed to his young man's needs.

This agency scours churches, youth groups, professional agencies, grants/alternate funding sources, families, schools, colleges, and even yard sales for people to serve and services to offer. The sense is that they enjoy their work and quietly and persistently refuse to take NO for an answer. They are staunch advocates, and the staff report feeling empowered to do the job they are hired to do. There is a sense of satisfaction, if not pride in what they do and it shows in the quality of the services provided.

I very much enjoy working with this program. I appreciate the honesty, integrity and most of all the professionalism shown by this group of people. My very best wishes for your continued success and as always, if I can be of any assistance, please do not hesitate to call.

07/11/2003

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program

QUALITY ASSURANCE OBSERVATION SHEET

No. HCBS1

Provider: QLC Recipient: Priscilla Halcro Review Date: 6/15/2005 needed		DDP QIS: Wertz Concern:		Routine xx Quality Assurance Plan of Correction	
DDP	<p>OBSERVATION (What): HCBS is to be commended for a management style that empowers staff to meet the demands of the job while providing a supervisory structure that is both supportive and offers guidance in an appropriate and non-threatening manner.</p> <p>CRITERION (Reference ARM, Contract, DD Policy, Appendix I, etc.):</p> <p>EFFECT (What is the result): Staff are vested in their families and their agency and carry out their duties with confidence without fear of retaliation if mistakes occur.</p> <p>QIS Signature: <u>Wertz</u> Date Response Due: <u>NA</u></p>				
Provider	<p>CAUSE (Why did it occur):</p> <p>ACTION (What action will be taken to address):</p> <p>Signature: _____ Response: _____</p>				
DDP	<p>Disposition: ACCEPTED REQUESTING FURTHER REVIEW Response Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>				
Copy to (check all that apply): Regional Manager Executive Director DDP Bureau Chief Contract File Quality Assurance Specialist President, Board of Directors Other _____					

07/11/2003

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program

QUALITY ASSURANCE OBSERVATION SHEET

No. HCBS 2

Provider: QLC Recipient: Priscilla Halcro Review Date: 6/15/2005 needed	DDP QIS: Wertz Concern:	Routine xx Quality Assurance Plan of Correction
DDP	<p>OBSERVATION (What): HCBS policy as well as procedural safeguards can serve as an example to agencies across the state. The brochure which is given to families is a very user friendly document. Policies are lifted directly from state, federal and contract language whenever feasible and are updated as changes to that language occurs.</p> <p>CRITERION (Reference ARM, Contract, DD Policy, Appendix I, etc.):</p> <p>EFFECT (What is the result): Well-written policy and procedure serves to give both staff and families a clear understanding of what is expected of them, and what they in turn can expect. Clearly written policy can also serve as a mechanism to measure job performance of agency staff and can become the basis (in some cases) of position descriptions.</p> <p>QIS Signature: <u>Wertz</u> Date Response Due: <u>NA</u></p>	
Provider	<p>CAUSE (Why did it occur):</p> <p>ACTION (What action will be taken to address):</p> <p>Signature: _____ Response: _____</p>	
DDP	<p>Disposition: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REQUESTING FURTHER REVIEW Response Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	
Copy to (check all that apply): Regional Manager Executive Director DDP Bureau Chief Contract File Quality Assurance Specialist President, Board of Directors Other _____		

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program

No. HCBS 3

Provider: QLC Recipient: Priscilla Halcro Review Date: 6/15/2005 needed		DDP QIS: Wertz Concern:		Routine xx Quality Assurance Plan of Correction	
DDP	<p>OBSERVATION (What): HCBS staff are to be commended for their collective knowledge, skills and abilities as well as the overall quality of services provided to the families enrolled in programs and those on waiting lists. The staff dedication is evident at all levels of service, and it is apparent from family interviews that families appreciate having such strong advocates to support them.</p> <p>CRITERION (Reference ARM, Contract, DD Policy, Appendix I, etc.):</p> <p>EFFECT (What is the result): Excellence in services!</p> <p>QIS Signature: <u>Wertz</u> Date Response Due: <u>NA</u></p>				
Provider	<p>CAUSE (Why did it occur):</p> <p>ACTION (What action will be taken to address):</p> <p>Signature: _____ Response: _____</p>				
DDP	<p>Disposition: ACCEPTED REQUESTING FURTHER REVIEW Response Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>				
Copy to (check all that apply): Regional Manager Executive Director DDP Bureau Chief Contract File Quality Assurance Specialist President, Board of Directors Other _____					

Provider: QLC Recipient: Priscilla Halcro Review Date: 6/15/2005 needed	DDP QIS: Wertz Concern:	Routine xx Quality Assurance Plan of Correction
DDP	<p>OBSERVATION (What): HCBS staff are to be commended for having a working checks and balances system that ensures that expenditures in cost plans are cost effective and appropriate in terms of program eligibility and Medicaid guidelines. Additionally, the data base, developed by the Fiscal Coordinator, is a marvel for all that it tracks and can produce in terms of child counts, budgetary information and expenditures.</p> <p>CRITERION (Reference ARM, Contract, DD Policy, Appendix I, etc.):</p> <p>EFFECT (What is the result): HCBS runs a tight budget—by ensuring appropriate, cost effective expenditures, more dollars are available for the very real needs of families served. Thank-you!</p> <p>QIS Signature: <u>Wertz</u> Date Response Due: <u>NA</u></p>	
Provider	<p>CAUSE (Why did it occur):</p> <p>ACTION (What action will be taken to address):</p> <p>Signature: _____ Response: _____</p>	
DDP	<p>Disposition: <u>ACCEPTED</u> <u>REQUESTING FURTHER REVIEW</u> Response Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	
Copy to (check all that apply): Regional Manager Executive Director DDP Bureau Chief Contract File Quality Assurance Specialist President, Board of Directors Other _____		

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program

No. HCBS 5

Provider: QLC Recipient: Priscilla Halcro Review Date: 6/15/2005 needed	DDP QIS: Wertz Concern:	Routine xx Quality Assurance Plan of Correction
DDP	<p>OBSERVATION (What): The Developmental Disabilities staff very much appreciates the open and inclusive communications and working relationships with the HCBS staff. Even when 'disagreements' occur, resolution is met with a spirit of compromise and a focus on what is good for the families and for the system. This is especially evident with the program's cautionary approach to making any decision that might set precedence throughout the state. Additionally, HCBS staff have a reputation for the same kinds of excellent relationships with families, medical professionals, Physically Disabled Waiver program staff and others.</p> <p>CRITERION (Reference ARM, Contract, DD Policy, Appendix I, etc.):</p> <p>EFFECT (What is the result): Teamwork should by virtue of its nature, create more options for everyone involved. Thank-you very much for your spirited and honest approach to services!</p> <p>QIS Signature: <u>Wertz</u> Date Response Due: <u>NA</u></p>	
Provider	<p>CAUSE (Why did it occur):</p> <p>ACTION (What action will be taken to address):</p> <p>Signature: _____ Response: _____</p>	
DDP	<p>Disposition: ACCEPTED REQUESTING FURTHER REVIEW Response Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	
Copy to (check all that apply): Regional Manager Executive Director DDP Bureau Chief Contract File Quality Assurance Specialist President, Board of Directors Other _____		

[illegible]

Brochure



QLC... where our mission is to:
 Provide creative supports and choices that stimulate lifelong growth and development.
 Support children and adults with developmental needs within their home and the community.
 ...Provide a supportive and safe environment so individuals may attain their maximum level of personal achievement.
 Empower and support families.

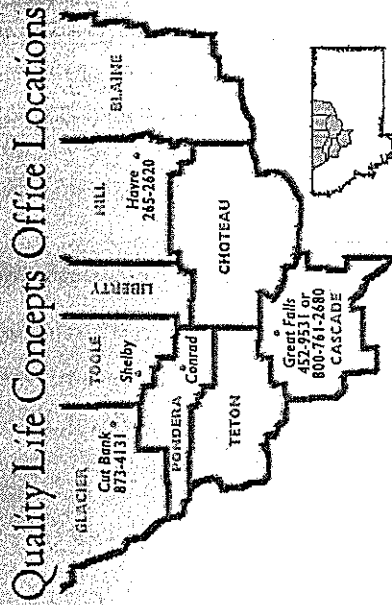
QLC... where our vision is to:
 Diversify and make a positive difference in the lives of people.
 Create a family atmosphere for our staff and those we assist.
 Generate awareness of our mission in the communities we serve.

Maintain a highly trained, compassionate staff.
 Provide the best supports and services we can.

QLC... where our values are:

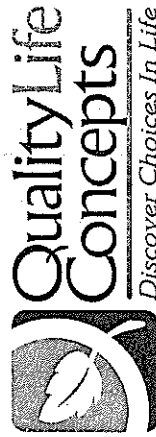
- Choices in life
- Collaborative and cooperative partnerships
- Compassionate care
- Education
- Family
- Financial efficiency and stability
- Independence
- Respect for diversity

This project is funded in part under an agreement with the Montana Department of Public Health and Human Services. The statements contained herein do not necessarily reflect the opinion of the Department.



For More Information

For more information about any of the services we provide or how your contributions will help people with developmental needs, please call us at one of our offices listed below.



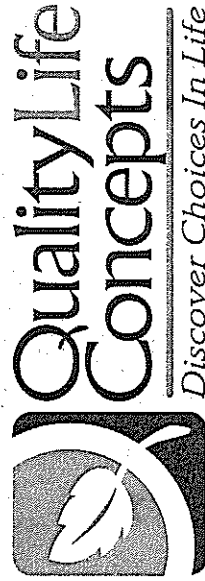
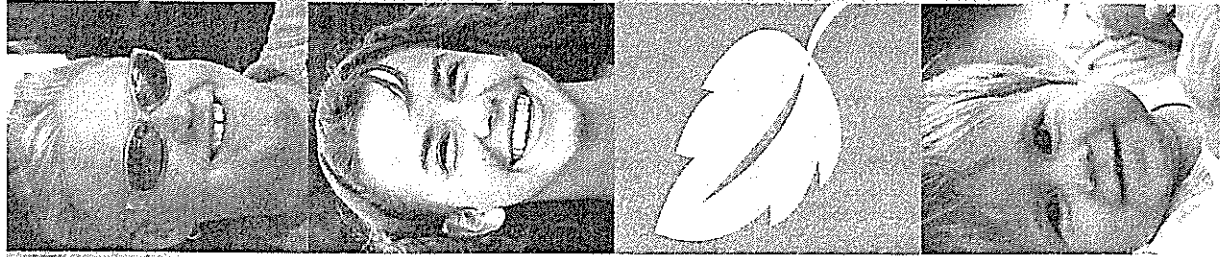
Great Falls Office
 Charlie T. Trott Building
 215 Smelter Avenue N.E. • P.O. Box 2506
 Great Falls, MT 59403
 406-452-9531 or 1-800-761-2680
 Fax: 406-453-5930

Cut Bank Office
 24 West Main Street • P.O. Box 1122
 Cut Bank, MT 59427
 406-873-4131

Havre Office
 2229 5th Avenue East Wing, Suite 204
 P.O. Box 527 • Havre, MT 59501
 406-265-2620

www.qlc-gtf.org
 A private, non-profit corporation

Procedural Safeguards

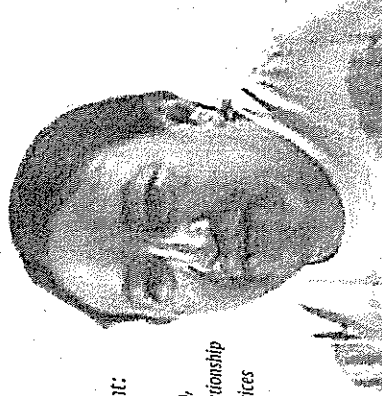


Your Rights

- It is the right of families to choose who will provide services for their child. This includes, but is not limited to, services such as Quality Life Concepts, doctors, therapists and vendors.
- Parents/consumers must voluntarily give written consent for the agency to either release or obtain information.
- Services must be provided in the "native language" of the family, or in the means of communication (sign language) used by the family.
- Personally identifiable information, like names and addresses, cannot be shared without written consent.
- Parents/consumers have the opportunity to examine records at any time.
- Parents/consumers must be given written prior notice for:
 - Change in eligibility
 - Services/program placement
 - Individualized Family Service Plan (IFSP) meetings
- Written parent/consumer consent must be obtained before the following:
 - Conducting the initial evaluation
 - Child assessment
 - Family information gathering.
 - Initiating the provision of services
- Parents/consumers have the right to decline any or all services.
- Confidentiality

Policy on Family Involvement:

QLC, in collaboration with the Developmental Disabilities Program, is committed to the continuing relationship of families in their delivery of services to children with disabilities.



- Surrogate parents are obtained for a child under age three if they have no parent, the parent cannot be found, or the child is a ward of the State of Montana.
- Parents must have access to impartial procedures for resolving individual consumer complaints.
- Parents have the opportunity to use state mediation services immediately without first utilizing the agency grievance policy/procedures (for Infant and Toddler – Part C children only).

The QLC Grievance Procedure

Any grievance about services should be:

- Stated orally or in writing to the staff person involved.
- If the grievance cannot be resolved, it may be appealed to the Home Based Services Director. Within 10 days, he/she must respond to your appeal.
- If the grievance cannot be resolved with the division head, the grievance may be appealed to the Chief Executive Officer. Within 10 days, he/she must respond to your appeal.
- If the parent/consumer is not satisfied, they may request a fair hearing from the Developmental Disabilities Program or mediation services.
- Detailed information on the grievance procedure, fair hearings, or mediation services will be provided upon request.



Responsibilities of Family and Staff

- Complete assessments and family information gathering.
- Complete an Individualized Family Service Plan (IFSP) annually with a six-month formal review.
- Implement the IFSP.
- Determine frequency of scheduled visits.
- Be present and punctual for scheduled home visits.
- Notify the other party to postpone and reschedule visits.
- Annual re-eligibility determination.

Reasons for Leaving Services

- Parents'/consumer's request.
- Change in placement.
- Receiving appropriate services from another agency.
- Child moved out of Region II.
- Child reaches appropriate developmental level.
- Unable to locate family.

For more information, please ask your Family Support Specialist or contact Quality Life Concepts at 406-452-9531 or 1-800-761-2680.



Quality Life Concepts and the Developmental Disabilities Program promote family involvement in all programs.